

ANNUAL REPORT

STATE OF IDAHO MINERAL LEASE NO.

LEASE YEAR: March 1, 20____ to February 28, 20____ LESSEE/COMPANY NAME: CONTACT PERSON_____ ADDRESS CITY, STATE, ZIP: BUS. PHONE: ()_____ HOME NO. ()_____)_____ E-MAIL ADDRESS: FAX NO. (CELL/MOBILE NO. ()_____ WEBSITE:____ 1. Commodity: Mine Operation will be/is: 2. _____Underground ____Surface (open-pit) _____Placer _____ Riverbed 3. Level of Activity: Prospecting/Exploration Development Mining Reclamation 4. Equipment (Describe): Acres Mined to Date:_____ 5. 6. Acres Reclaimed to Date:_____ 7. Improvements: ____Buildings ____Roads ___Other Describe: Is water used in the operation? _____ Yes ____ No 8. Water source:____ 9. Briefly outline next lease year's proposals: I/we swear the statements on this report are true and correct and can be verified by records in possession of the Lessee(s). DATE _____ Lessee/Authorized Representative